

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18122

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 High St;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 55 years
years, months or days)

3. (a) PRINT
FULL NAME

Louis Kammerer

3. (b) If veteran,
name war

No

3. (c) Social Security
No. No

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Lula Kammerer
6. (c) Age of husband or wife if alive.....years
7. Birth date of deceased Mar. 8, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 11 hr. min.

9. Birthplace Chillicothe Ohio;
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cigar Maker

11. Industry or business

12. Name Joseph Kammerer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dietz
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Kammerer
(b) Address 305 S. High St; Joplin Mo;
17. (a) Burial Mt. Hope Cem.
(Burial, cremation, or removal) (b) Date thereof 5-21-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 5-21-43 (b) Quintus Sudholter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 305 S. High St;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 19, day 1943
year hour 7-15 A.M. minute M.

21. I hereby certify that I attended the deceased from May 18
1943 to May 19 1943
that I last saw him alive on May 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack
Duration 24 hrs

Due to.....
Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature H. Hurlbut (M. D. or other)
Address Joplin Mo Date signed 5/20/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

43-5-472

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Perry T. L. Lurbeck

Licensed Embalmer No.....

959

P. O. Address.....

Japan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.